

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MW		04-10-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H	913	05-31-01
RESPONSE FORMALITY REVIEW		1001	8-29-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	04-10-01
2	✓	✓	04-10-01
3	✓	✓	04-10-01
4	✓	✓	04-10-01
5	✓	✓	04-10-01
6	✓	✓	04-10-01
7	✓	✓	04-10-01
8	✓	✓	04-10-01
9	✓	✓	04-10-01
10	✓	✓	04-10-01
11	✓	✓	04-10-01
12	✓	✓	04-10-01
13	✓	✓	04-10-01
14	✓	✓	04-10-01
15	✓	✓	04-10-01
16	✓	✓	04-10-01
17	✓	✓	04-10-01
18	✓	✓	04-10-01
19	✓	✓	04-10-01
20	✓	✓	04-10-01
21	✓	✓	04-10-01
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23	✓	✓	04-10-01
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25	✓	✓	04-10-01
26	✓	✓	04-10-01
27	✓	✓	04-10-01
28	✓	✓	04-10-01
29	✓	✓	04-10-01
30	✓	✓	04-10-01
31	✓	✓	04-10-01
32	✓	✓	04-10-01
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42	✓	✓	04-10-01
43	✓	✓	04-10-01
44	✓	✓	04-10-01
45	✓	✓	04-10-01
46	✓	✓	04-10-01
47	✓	✓	04-10-01
48	✓	✓	04-10-01
49	✓	✓	04-10-01
50	✓	✓	04-10-01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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